

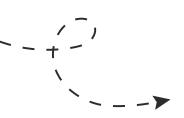
Referrals forms are found at www.veemah.com

Forms may be emailed to info@veemahconsulting.com or faxed to (763)-355-5718

You may also call (763) 200-4767 to inquire about services



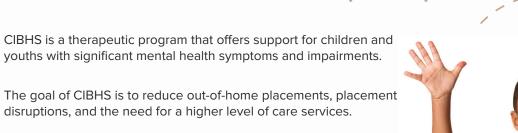
VEEMAH is now Certified by DHS as a Children's Intensive Behavioral Health Services (CIBHS) agency







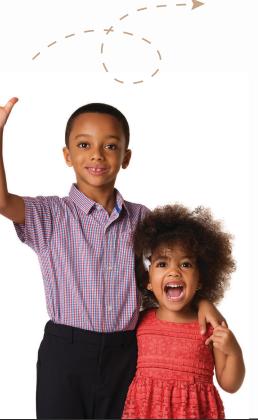
## What is Children's **Intensive Behavioral Health Services (CIBHS)**



CIBHS utilizes trauma-informed care approaches for individual, family, and group psychotherapy, and psychoeducation.

CIBHS provides families with information on access to 24-hour crisis support.

CIBHS utilizes a collaborative team approach, all parties (providers, case managers, families, school social workers/teachers, and other professionals) involved in the care of the child/youth work together to create a strong support network for the family.



## **Expectations**

 $\checkmark$ 

- Services are provided at least three times per week by a mental health  $\checkmark$ professional or supervised clinical trainee.
- Services take place wherever it is most convenient for families, such as in  $\checkmark$ the home, community, at school or daycare.
  - Family involvement is an important part of the program, which includes family therapy and parent psychoeducation.
- For children in foster care, both foster and biological (when appropriate)  $\checkmark$ family members are included.
  - CIBHS providers work in continual collaboration and consultation with all team and family members. Each individual member is a valuable resource and support, and their participation is critical to the process and the family's success.
  - All CIBHS services are billed directly to Minnesota Health Care Programs (Medicaid/Medical Assistance) and there is no cost to families.

## **Eligible Participants**

Children and youth with significant mental health symptoms and impairments who

Have a mental health diagnosis.

- Between the ages of 0 and 20
- Reside in a family foster care setting, or with their  $\checkmark$ parents or other legal guardians and are at risk for out-of-home placement.

 $\checkmark$ 

- Need intensive therapeutic services to help maintain safety in the home and community.
- Are members of Minnesota Health Care Programs (Medicaid/Medical Assistance).





Referrals forms are found at Service Initiation

